## **CITY OF FRANKLIN**

## SOLID WASTE DEPT.

P O Box 705 Franklin, TN 37065 794-1516 Service 794-4572 Billing Fax 794-0882

## APPLICATION FOR COMMERCIAL GARBAGE DISPOSAL SERVICE

	Ac	cct. No
Name of Business		
Location of Business		
Mailing Address		
City	St	Zip
Contact Person		Phone No
Location of container (rear, side, et	tc.)	
Type of container: (Please Circle C	One) Dumpster Roll	Out Cart
If type of container is a dumpster, of	do you own or le	ease from
Number of Container(s)	<u> </u>	
Requested Day(s) of Pickup for Du	ımpster: (Please cir	rcle) Mon Tues Wed Thurs Fri (Subject to change based on City schedule)
Date for service to begin		
service. In the event that I no longer need discontinued. I acknowledge that failure	I the service, I will notify to receive a bill will not tedness for services rend	ept. for dumpster or roll out container garbage dispoy the Solid Waste Dept. so that billing will be trelease me from payment obligation or waiver of lered and in the event of a past due account, I shall pise.
Signature Printed Name		
Title Date		
Office Use Only:  Copy: SWD via fax 791-3289	_date_	clerk